Gonorrhoea

Figure 1. Rate of reported confirmed gonorrhoea cases per 100,000 population, EU/EEA, 2014

Legend: – = rate not calculated because country has a sentinel surveillance system.

The increasing number of cases, particularly among MSM, highlights the need to further strengthen prevention activities which target particular groups by using.


Resistance to azithromycin, however, appears to be increasing and the development of resistance to third-generation cephalosporins is feared to be only a matter of time.

N. gonorrhoeae need to be further evaluated because testing patterns, for example the increased use of dual chlamydia-gonorrhoea NAATs in screening and opportunistic testing programmes, are.

These increases are worrying considering the risk of reproductive tract complications among women and perinatal transmission of gonorrhoea. On the other hand, these increases risk of transmission of other sexually transmitted infections (STIs), including HIV (11% of gonorrhoea cases were co-infected with HIV where data were reported). The increasing.

In 2014, 15 countries (accounting for 85% of the reported gonorrhoea cases) reported data on the mode of transmission for 60% or more of their cases (the Czech Republic, Iceland, Norway and Sweden, the Baltic states, Ireland, Malta, Spain and the United Kingdom). This geographical pattern has been stable in recent years, although the rates.

Between 2005 and 2014, 390,138 cases of gonorrhoea were reported in 29 countries, with varying degrees of completeness over time. The number of countries reporting has.

In 2014, 66,413 cases of gonorrhoea infection were reported by 27 EU/EEA Member States.

The overall notification rate was 20 cases per 100,000 population.

In 2014, information on age was available for 23 countries, but in different formats. Information on age was not available for Bulgaria, Poland and Spain (8% of all cases).

In 2014, 20 countries (accounting for 85% of the reported gonorrhoea cases) reported data on the sex of the reportee for 60% or more of their cases (the Czech Republic, the United Kingdom, Hungary, and Poland).

Throughout this time period, rates among men were consistently higher than among women. Rates have increased among both genders since 2009, but the increase has been.

The percentage of cases diagnosed among MSM ranged from 10% or below in Estonia, Latvia, Lithuania, Romania and Slovakia to over 50% in Norway (52%), Malta (61%) and.

During this period, there was a general increase in the rate of diagnosis of both men who have sex with men (MSM) and women. However, this increase was more pronounced among women, resulting in a marked decrease in the gender difference in rates, to the point where the rate of diagnosis among women surpasses that of men. This development is a cause for concern, as it may indicate a broader societal change in sexual behavior.

The overall notification rate for gonorrhoea in Europe is approximately 20 cases per 100,000 population. This rate has been relatively stable over the past decade, with some variation between countries.

In 2014, 20 countries reported data on the mode of transmission for 60% or more of their cases, with the Czech Republic, the United Kingdom, Hungary, and Poland leading in this regard.

The geographical distribution of gonorrhoea cases varies widely in Europe, with the highest rates observed in the Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden), followed by the Benelux countries (Belgium, Netherlands, Luxembourg), and then the rest of Western Europe. The lowest rates were observed in the Eastern European countries, with the exception of Bulgaria, Croatia, Poland, Romania, and Slovenia, which also reported high rates.

The rate of diagnosis among MSM has increased significantly, reaching over 50% in some countries. This trend is concerning as it suggests a growing risk of transmission of other sexually transmitted infections (STIs), including HIV, among this population. The increasing use of dual chlamydia-gonorrhoea NAATs in screening and opportunistic testing programmes may be contributing to this trend, as more cases are being identified and treated.

The rate of diagnosis among women has also increased, surpassing that of men in some countries. This development is indicative of broader societal changes in sexual behavior, with a shift towards safer sex practices and increased awareness of sexual health.

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